



Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching

To provide some additional guidance for transforming student and learning supports, the Center at UCLA has compiled a new resource aid summarizing a set of frameworks. As with most Center resources, the document is immediately accessible online at no cost and with no restrictions on its use.* The document outlines frameworks for reframing intervention, expanding school improvement policy, reworking infrastructure, and rethinking the implementation problem. Here, our focus is only on the matter of rethinking *intervention*. From our perspective, the primary message to carry away from the following discussion is the need to develop a comprehensive *system* of learning supports at every school.**

The Aim is to Build a Comprehensive System

As can be seen in Exhibit A, we begin by outlining *levels* of intervention. We do so to emphasize that a continuum is one facet of establishing, over time, a comprehensive, multifaceted, and cohesive approach that strives to

- promote healthy development and prevent problems
- intervene early to address problems as soon after onset as is feasible
- assist with chronic and severe problems.

In keeping with public education and public health perspectives, we also emphasize that such a continuum encompasses efforts to enable academic, social, emotional, and physical development and to address behavior, learning, and emotional problems at every school and in every community.

As graphically illustrated in Exhibit A, (a) each level represents a subsystem, (b) the three subsystems overlap, and (c) all three require integration into an overall system.

A Comprehensive System Requires Weaving School and Community Resources Together

The school and community examples listed in the exhibit highlight programs focused on individuals, families, and the contexts in which they live, work, and play. There is a focus on mental and physical health, education, and social services. Some of the examples reflect categorical thinking about problems that has contributed to fragmentation, redundancy, and counterproductive competition for sparse resources.

Moving away from fragmented approaches requires weaving together school and community efforts at each level of the continuum in ways consistent with institutionalized missions and sparse resources.

And, system building requires concurrent intra- and inter-program integration over extended periods of time.

Note that the continuum helps highlight the principle of using the least restrictive and nonintrusive forms of intervention necessary to respond appropriately to problems and accommodate diversity.

Eventually, a Comprehensive System will Reduce the Number of Students Requiring Specialized Supports

Many problems are not discrete and must be addressed holistically and developmentally and with attention to root causes. An appreciation of these matters helps minimize tendencies to develop separate programs for each observed problem. In turn, this enables increased coordination and integration of resources which can increase impact and cost-effectiveness.

As graphically illustrated by the tapering of the three levels of intervention in the exhibit, development of a fully integrated set of interventions is meant to reduce the number of individuals who require specialized supports. That is, the aim is to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few students needing specialized assistance and other intensive and costly interventions. For individual students, this means preventing and minimizing as many problems as feasible and doing so in ways that maximize engagement in productive learning. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and high expectations.

Each Level has Content

As can be seen in Exhibit B, we stress that a conceptualization of intervention that only focuses on a continuum is incomplete. For example, “mapping” done with respect to three levels of intervention does not do enough to escape the tendency to generate laundry lists of programs/services at each level. By combining the three system levels with the *content* focus of interventions, we generate a matrix framework to provide a prototype for a comprehensive system of learning supports. Such a matrix can guide and unify school improvement planning for developing such a system. The matrix provides a unifying framework for mapping what is in place and analyzing gaps. Overtime, such mapping and analyses are needed at the school level, for a family of schools (e.g., a feeder pattern of schools), at the district level, and community-wide.

Continuum + Content = An Enabling Component

In our work, we operationalize a comprehensive system of learning supports as an *Enabling* or *Learning Supports Component* (see Exhibit C). This helps to coalesce and enhance programs with the aim of ensuring all students have an equal opportunity to succeed at school. A critical matter is defining what the entire school must do to enable *all* students to learn and *all* teachers to teach effectively. School-wide approaches are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to equity and diversity concerns.

As indicated in the Exhibit, an enabling component involves first addressing interfering factors *and then* (re-)engaging students in classroom instruction. The

reality is that interventions that do not include an emphasis on ensuring students are engaged meaningfully in classroom learning generally are insufficient in sustaining, over time, student involvement, good behavior, and effective learning at school.

In essence, beginning in the classroom with differentiated classroom practices and by ensuring school-wide learning supports, an Enabling Component

- addresses barriers through a broader view of “basics” and through effective accommodation of individual differences and disabilities
- enhances the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- adds remediation, treatment, and rehabilitation as necessary, but only as necessary.

To conclude: Clearly, these are important matters for the future of students, their families, schools, and neighborhoods. How a field frames its efforts determines how policy makers and planners address such efforts. If the current marginalization of student supports is to end, a framework that presents a coherent picture of a comprehensive, multifaceted, and cohesive set of interventions must be formulated and operationalized. Minimally, such a framework must delineate the essential scope and content focus of the enterprise.

*The document entitled: *Frameworks for Systemic Transformation of Student and Learning Supports* can be accessed directly – <http://smhp.psych.ucla.edu/pdfdocs/systemic/frameworksforsystemctransformation.pdf>

**The Center has designed a *toolkit* to provide ready access to a set of resources for developing a comprehensive system of student/learning supports. Online at:
<http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>

The toolkit contains the *Frameworks* document and also has a set of self-study surveys related to developing a comprehensive system of student/learning supports. One of these is a survey of “systems” designed to help determine the degree to which a comprehensive system is being developed. (Directly accessible at <http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf>)

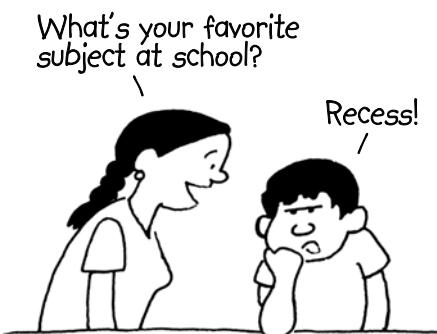


Exhibit A

Levels of Intervention:^{*} Connected Systems for Meeting the Needs of All Students

School Resources

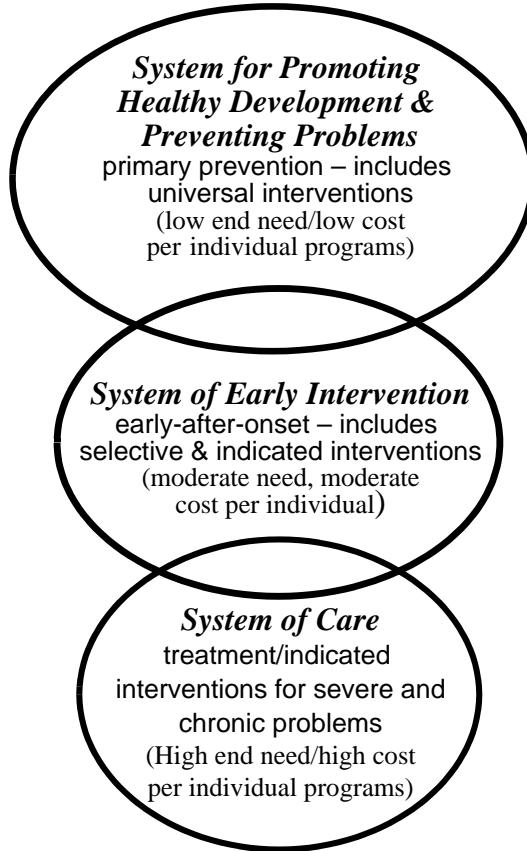
(facilities, stakeholders, programs, services)

Examples:

- General health education
- Social and emotional learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Drug and alcohol education

- Drug counseling
- Pregnancy prevention
- Violence prevention
- Gang intervention
- Dropout prevention
- Suicide prevention
- Learning/behavior accommodations & response to intervention
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments



Community Resources

(facilities, stakeholders, programs, services)

Examples:

- Recreation & Enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
- Drug treatment

Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems for promoting healthy development and preventing problems, systems of early intervention, and systems of care*.

Such collaboration involves horizontal and vertical restructuring of programs and services

- (a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
- (b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

*Various venues, concepts, and initiatives permeate this continuum of intervention *systems*. For example, venues such as day care and preschools, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to intervention, and coordinated school health. Also, a considerable variety of staff are involved. Finally, note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in discussing universal, selective, and indicated interventions.

Exhibit B

Matrix for Reviewing Scope and Content of a Component to Address Barriers to Learning*

		Scope of Intervention		
		System for Promoting Healthy Development & Preventing Problems	System for Early Intervention (Early after problem onset)	System of Care
Content/ “curriculum” Organizing around the (for addressing barriers to learning & promoting healthy development)	Classroom-Focused Enabling			
	Crisis/Emergency Assistance & Prevention			
	Support for transitions			
	Home Involvement in Schooling			
	Community Outreach/Volunteers			
	Student and Family Assistance			
	Accommodations for differences & disabilities		Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)	

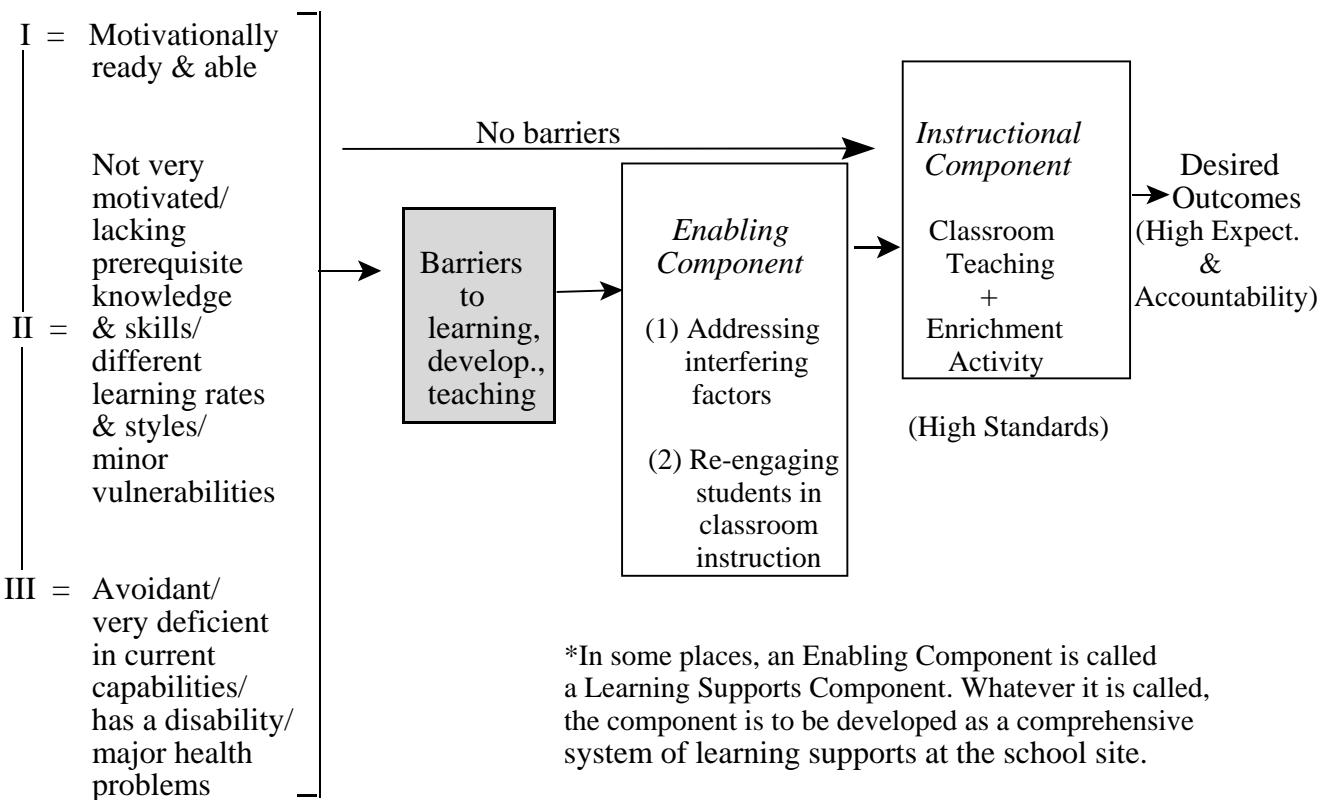
*Note that specific school-wide and classroom-based activities related to positive behavior support, “prereferral” interventions, and the eight components of Center for Prevention and Disease Control’s Coordinated School Health Program are embedded into the six content (“curriculum”) areas.

Exhibit C

An Enabling Component to Address Barriers and Re-engage Students in Classroom Instruction*

Range of Learners

(categorized in terms of their response to academic instruction at any given point in time)



*Examples of Risk-Producing Conditions that Can be Barriers to Learning

E n v i r o n m e n t a l C o n d i t i o n s **

Neighborhood

- >extreme economic deprivation
- >community disorganization, including high levels of mobility
- >violence, drugs, etc.
- >minority and/or immigrant status

Family

- >chronic poverty
- >conflict/disruptions/violence
- >substance abuse
- >models problem behavior
- >abusive caretaking
- >inadequate provision for quality child care

School and Peers

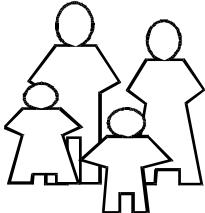
- >poor quality school
- >negative encounters with teachers
- >negative encounters with peers &/or inappropriate peer models

Person Factors**

Individual

- >medical problems
- >low birth weight/ neurodevelopmental delay
- >psychophysiological problems
- >difficult temperament & adjustment problems
- >inadequate nutrition

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.



Improving Schools, Engaging Students

Support for the Center* comes in part from the Office of Adolescent Health,
Maternal and Child Health Bureau, Health Resources and Services Administration,
U.S. Department of Health and Human Services.

Contact the Center at:

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Or write to:

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Los Angeles, CA 90095-1563

Or use our website:

<http://smhp.psych.ucla.edu>

**Most Center resources are immediately accessible online at
no cost and with no restrictions on use.**

>For access to the latest Center developed resources, go to –
<http://smhp.psych.ucla.edu/review.htm>

*The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.